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STATE OF MISSOURI

REPORT ON LOCAL HEALTH SERVICES



MISSOURI
STATE BOARD
OF HEALTH



EXECUTIVE OFFICE
STATE OF MISSOURI
P.O. BOX 720
JEFFERSON CITY
65102

CHRISTOPHER S. BOND
GOVERNOR

April 13, 1983

My congratulations and thanks to the members of the State Board of Health and the members of their Task Force on Local Health Services for the efforts expended in developing this model.

Every person has primary responsibility for his or her own health, and each community has a basic responsibility for the public health of that community. This model points out how we, at the state level, can support local initiatives in developing good public health programs for all of the citizens of this state.

The health of our people and the health of the community is certainly a priority of this administration.

Sincerely,

Christopher S. Bond
GOVERNOR



CHRISTOPHER S. BOND
GOVERNOR

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BROADWAY STATE OFFICE BUILDING
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April 11, 1983

I want to express my thanks to Dr. Hotchkiss, to the members of the State Board of Health, to the members of the Task Force, and to the staff who developed this model for state and local partnership in public health.

A great deal of effort has been expended in this endeavor, and I believe it has produced a working document that will be of great assistance to local health departments and improve public health throughout the State of Missouri.

Sincerely,

Barrett Toan

Barrett Toan
Director

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LOCAL HEALTH SERVICES

In May of 1981 the Board of Health created a representative Task Force from the health and community leadership state-wide and charged it with developing model standards for local health departments. The Task Force defined the local health department as "the local governmental unit having responsibility to promote and maintain a safe and helpful environment, provide essential preventive health services and to endeavor to assure accessibility of personal health services for all of its citizens within the resources available." In December of 1982 the Task Force presented its recommendations to the Board of Health.

The Board has altered the Task Force recommendations very little. It has adopted them almost intact, only removing certain recommendations which more appropriately will be considered under implementation, otherwise making only small formatting and editorial changes. This document is the result of that work and represents Board of Health policy.

The Board of Health believes, with the Task Force, that the prevention of disease and disability which results in optimum health for all Missouri citizens can best be achieved through the existence of a strong official state health agency working closely, supportively, and cooperatively with local health departments and, while recognizing the fact that the state has ultimate responsibility for public health and standard setting, the public health activities and services should be carried out whenever possible at local levels. Thus, to meet these goals and objectives the Board feels the need to strengthen local health departments. To be successful there is need for effective communications, cooperation, and true partnership with adequate resources at all levels. The Task Force and the Board of Health also recognized the need for involvement and support of many other groups, as well as the Informed participation and support of all citizens for the ultimate goals to be achieved.

The report is divided into five major areas: Personal Health Services, Environmental Health Services, Health Support Services, Community Health Services, and Health Services Financing.

The report attempts to define state versus local duties, particularly under environmental responsibilities where overlap more often exists. State versus local functions are otherwise discussed in the general provision sections introducing each major area.

The Board is appointing a joint committee of selected Board, Division, and Task Force persons to study and recommend how to implement the subgoals and objectives of the report. This implementation plan will also include the organizational structure necessary to achieve the objectives, any necessary legislation, funding mechanisms, etc.

May this local health department model serve well in assisting to achieve optimum health for all the citizens of the State of Missouri.

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ENVIRONMENTAL HEALTH SERVICES

GENERAL PROVISIONS:

For purposes of a working definition, the term “environmental health” means; “that area of activity which deals with the protection of human health through the management, control, and prevention of environmental factors which may adversely affect the health of individuals.”

The principles of the preceding definition, as they relate to the Division of Health are listed as follows with the program of Environmental Health Services, hereinafter listed as “program:”

1. The program shall serve the Division of Health as a public health agency for the state to facilitate a uniform approach to environmental health matters carried on by various public and private agencies involved in that field.
2. The program shall provide the Director of the Division of Health with necessary information whereby he may advise the Governor, boards, commissions, and state agencies on matters of the environment as those matters affect the health of the people of this state.
3. Cooperate with and provide environmental health resource support to state and local health planning agencies and other state, district, and local agencies mandated by law or otherwise designated to develop, maintain, or administer state and local health programs and plans, and other public and private entities involved in environmental health activities.
4. Develop and maintain the capability to monitor and evaluate conditions which present potential and actual environmental health hazards, reporting its findings to appropriate state departments and local jurisdictions and to the public as necessary.
5. Provide an environmental health policy for the state and an environmental health services plan to include environmental health activities of local health jurisdictions.

6. Serve as a central repository and clearinghouse for the collection, evaluation, and dissemination of data and information on environmental health hazards, programs, and practices to local health jurisdictions and private entities involved in environmental health activities.
7. The program shall continually review all statutes which impact on environmental health and may recommend the updating of those statutes and the adoption of environmental health rules for the Code of State Regulations when the need is indicated. Recommendations in adopting or amending statutes shall take cognizance of the alternative preventive health and engineering approaches to environmental health issues and fully consider the roles of local health departments and local governing and planning entities in the implementation of authorized programs and assure their participation in the consideration of their roles.
8. The program shall, within the resources available, provide technical assistance and guidance to local health departments where environmental problems are of such nature or magnitude that local resources are incapable of dealing with a situation(s) having a direct adverse impact upon the community health. This assistance shall include advance laboratory support beyond the capability of the local health unit.

ENVIRONMENTAL HEALTH SERVICES

GOAL:

Through management, education, and control, to reduce or prevent human suffering, disease or accidents resulting from environmental conditions, facilities or substances possessing characteristics and/or quantities which under certain conditions or circumstances, are, or may become, injurious to human health.

STANDARD:

Every local health department shall, within the resources available, assure the accessibility of a basic core of environmental health services which address;

1. Air Quality Control
2. Campground Sanitation and Safety
3. Commercial Lodging
4. Environmental Epidemiology
5. Fluoridation
6. Food and Drug Protection
7. Hazardous and Toxic Material Control
8. Home Accident Prevention
9. Interstate Carrier Sanitation
10. Noise Control
11. Nosocomial Disease Control
12. Occupational Health
13. Radiological Health
14. Recreational Water Facilities
15. Safe Drinking Water
16. Sanitation of:
 - Institutions
 - Involuntary Confinement Facilities
 - Custodial Care Facilities
17. Solid Waste Management
18. Vector and Animal Control
19. Wastewater Management

RATIONALE:

It has long been recognized that many communicable and infectious disease processes are the direct result of improper food handling practices, contaminated water supply systems, improper treatment and disposal of sewage, and uncontrolled levels of vectors capable of transmitting disease.

Many other disease and accident processes are subject to or exacerbated by adverse environmental conditions such as; insanitary living conditions, air pollution episodes, hazardous or toxic chemicals, unnecessary noise, stray radiation, insanitary recreation and/or camping facilities, and unsafe working conditions.

Core components of an effective environmental health services program should be supported by a systematic inspection and surveillance effort augmented by public education, an active complaint-response system, and when necessary, supplemented by an aggressive regulatory enforcement protocol.

Fundamental to an effective environmental health program is the ability to provide communicable disease and environmental epidemiological investigations. This service provides necessary data needed in the assessment of adverse health impact and evaluation of the effectiveness of preventive health programs.

STATE RESPONSIBILITY:

The Division of Health shall have primary responsibility in areas of environmental health matters in advising the governor, boards, commissions, and state agencies on such matters affecting the health of the people of the state.

An integral and indispensable core function of the Division shall be the ongoing operation of a comprehensive environmental health surveillance and epidemiological network. This network should provide a data base for development of a comprehensive environmental health policy and health services plan encompassing health activities of local health jurisdictions.

The Division shall provide to local health departments needed technical assistance in dealing with environmental problems and assessments beyond the scope of capability of the local agency.

LOCAL HEALTH RESPONSIBILITY:

Local health departments shall provide within available resources, environmental health programs designed to protect their citizenry from adverse health effect and carry out applicable elements of the state environmental health services plan.

Core elements of local health responsibility should include, but not necessarily be limited to, the following services:

1. Air Quality Control
2. Campground Sanitation and Safety
3. Commercial Lodging
4. Environmental Epidemiology
5. Fluoridation Monitoring
6. Food and Drug Protection
7. Hazardous and Toxic Material Control
8. Home Accident Prevention
9. Interstate Carrier Sanitation
10. Noise Control
11. Nosocomial Disease Control
12. Occupational Health

13. Radiological Health
14. Recreational Water Facilities
15. Safe Drinking Water
16. Sanitation of:
 - Institutions
 - Involuntary Confinement Facilities
 - Custodial Care Facilities
17. Solid Waste Management
18. Wastewater Management
19. Vector and Animal Control

COMPONENT:

AIR QUALITY CONTROL

GOAL:

There will be a monitoring of possible adverse effects of air quality problems; and through liaison activity with responsible agencies, adverse effects on human health and welfare will be minimized as well as other adverse environmental and nuisance effects or aesthetic insults to the population.

SUB-GOALS AND OBJECTIVES:

1. The Division of Health shall have the primary responsibility for epidemiological evaluation of statewide health effects relating to air contaminant levels.
2. First class cities and counties shall have the responsibility of conducting air quality programs which achieve and maintain adequate air quality to protect the public health.
3. Air quality programs shall have local approved laboratory facilities or access to facilities necessary to support the program.
4. All air quality programs shall have systems of validation and quality assurance for all data collected.
5. Monitoring systems shall identify problem sites and a priority protocol.
6. Citizens living in outstate areas shall have access to state personnel specialized in air quality problems.

7. The state agency having statutory responsibility for statewide air quality efforts shall keep the Division of Health and its district offices advised of major activities, law changes, and air quality trends.

NOTE: For Item #3, see "Laboratory"—Health Support Services.

STATE RESPONSIBILITY:

Direct liaison shall be established between all state agencies having responsibility for air pollution control efforts and public health environmental effects. The Division of Health shall have primary responsibility for all epidemiological investigations and evaluations on statewide health effects of air pollution problems. The Division of Health shall provide or assist in the accessibility of services for citizens living in outstate areas in problems concerning air quality matters.

The Division of Health shall, in concert with other applicable state agencies, provide training and data evaluation programs to assess the progress made in air pollution control programs. Technical support shall be provided as necessary laboratory and analytical assistance.

LOCAL HEALTH RESPONSIBILITY:

Health departments in first-class cities and counties shall provide state-approved air quality control programs provided surveillance data indicates the need for said programs. An integral part of the local program shall be adequate laboratory support and quality assurance of data collected. Day-to-day monitoring and community awareness programs shall be a primary responsibility of local health efforts.

COMPONENT:

CAMPGROUND SANITATION

GOAL:

Safe and healthful facilities will be assured to youth groups and the traveling camping public.

SUB-GOALS AND OBJECTIVES:

1. Legislation shall be provided to assure that water supply, sewage disposal, recreational facility, bathing facility, solid waste disposal, and vector control provisions are adequate to protect the health and safety of the campground inhabitants.
2. Inspection surveillance shall be provided by local health agencies at least semiannually, with follow-up inspections as need indicates.
3. Division of Health shall provide for training to aid campers in necessary health and safety protection, while utilizing campground facilities.
4. Inspection of waste disposal facilities for recreational vehicles shall be provided.

STATE RESPONSIBILITY:

The Missouri Division of Health shall develop model ordinances and propose necessary legislation and rules whereby adequate safeguards and protection are provided to campground inhabitants. In addition, the Division shall develop materials useful in training campers in appropriate health and camping practices.

LOCAL HEALTH RESPONSIBILITY:

Local health shall be responsible for coordinating required inspections and surveillance activity. This activity shall include inspections of applicable campground facilities as well as any facility providing dumping and/or waste disposal facilities for recreational vehicles.

COMPONENT:

COMMERCIAL LODGING

GOAL:

Safe and healthful lodging will be assured to the traveling public.

SUB-GOALS AND OBJECTIVES:

1. Needed legislation shall be provided to assure adequate construction and operation of lodging facilities to protect the health and safety of the guest.

2. Inspection surveillance shall be provided by local health agencies, preferably on a semiannual basis, with necessary follow-up inspections as need indicates.
3. Division of Health should develop a model commercial lodging ordinance for use by local communities.

STATE RESPONSIBILITY:

The Missouri Division of Health shall be responsible for development of model ordinances and legislation involving commercial lodging.

LOCAL HEALTH RESPONSIBILITY:

Local health departments shall provide required routine inspection and necessary follow-up.

COMPONENT:

ENVIRONMENTAL HEALTH SURVEILLANCE AND EPIDEMIOLOGY

RATIONALE:

The epidemiologic investigation of the physical environment has not received the attention which has become essential in recognizing its increasing importance to the health of the citizens of this state. The prevention of environmentally-caused ill health—whether cancer, heart disease, birth defects, blindness, hearing or other neurologic disease—will not be possible without identification of the specific hazards within the environment. This includes the type of community—whether urban or rural—the home, the school, and the occupational facilities and exposures.

Surveillance on a continuing basis of the proper functioning of the sanitation and engineering aspects of those environmental adaptations which we have long made in the field of drinking water, air, food, and radiation are generally in place and work effectively. Similarly, true infectious disease epidemics long known to be caused by the breakdown of this environmental protection are also generally well handled by the infectious disease surveillance program.

It is the unknown but increasingly important environmental impact of the new hazards such as organic and trace inorganic chemicals, food additives, occupational exposures and life style changes which have not received the attention necessary to prevent their hazardous effects. These have become even more important through the recent knowledge that the terminal health effect, as in cancer, may be delayed from twenty to thirty years after the environmental exposure.

The field of environmental epidemiology and surveillance suffers most severely from the “pigeon-hole” disciplinary educational training to which we have all be subjected. The sanitary engineer knows little or nothing about disease; the physician who necessarily treats one patient at a time, knows even less about sanitary engineering and the environment to which his patients are exposed; and neither the engineer nor the physician know enough about epidemiology or community health surveillance.

There is little wonder then at the compounded confusion accompanying a sudden water contamination or a chemical “spill” when the health effects are not known; or upon the recognition of a local high cancer mortality rate, when the possible community causes are also not known. The engineer or the physician is capable in his or her own discipline, but each deals with only one half of the environmental health equation.

To resolve this problem for the state of Missouri, it is essential first to establish base line health and disease parameters for all parts of the state. Such an ongoing data bank with the necessary quick retrieval can be established only at the state level. Such data, however, cannot be obtained except from the cooperating local health agencies throughout the state.

Surveillance consists of the recognition of a changing health level in a local area by the state monitor; or by a local area recognition and query to the state with feedback as to whether the local health problem is indeed unique or unusual and deserving if immediate study. Such surveillance is not difficult. Tedious though such data accumulation and monitoring may be, it is absolutely essential.

The second part of the recognized environmental problem solution is more difficult but surveillance is an empty and unrewarding activity unless there is the capability to follow up, with an epidemiologic investigation, the suspected environmental health effect. The response must be immediate and the

investigators must be competent to examine any and all aspects of the environment; must also be certain of the true nature of the health effect; and must be able to analyze the local effect in terms of the extent of the health deviation from that expected in the remainder of the population of that state.

GOAL:

1. *To establish a statewide computerized local health status surveillance network using the county, the city, the city block and the rural routes, using presently reported mortality, birth defects, fertility and all of the current reportable diseases; as well as the hospital discharge and disease registries to obtain morbidity of all illness causing hospitalization.*
2. *To monitor, at least quarterly, all the geographic areas for evidence of change in the base line health status measurements.*
3. *To establish a quick response investigative team to be on call if the monitor or the local community requests such an epidemiologic investigation.*

SUB-GOALS AND OBJECTIVES:

1. The health data bank is partially available in the State Center for Health Statistics. The hospital discharge diagnosis data currently held by the not-for-profit "Health Data Corporation" should be made available to the State Center for Health Statistics.
2. An individual trained in the health sciences together with a systems analyst will have the responsibility for statewide health status monitoring. This must be his only charge, to assure that it is conducted on a continuing basis.
3. A minimum of three epidemiologic investigators will be on call as a separate environmental response team within the epidemiology branch for only such environmental problems detected by the monitor or by a local community.

These investigators would preferably be environmental specialists who would have experience in other public health disciplines and be trained in epidemiology. They

should have access to a physician or other health scientist who is qualified to determine the specific nature of the health effect to be studied. This individual may be the monitor, the bureau director, or an additional health sciences staff member or consultant.

4. A monthly report on the status of the specific investigation will be given to the initiating party and a complete final report will be given to the local agency and the state division director within six months, together with recommendations for prevention action in the future.

NOTE: See "Communicable Disease Control" — Personal Health Services.

STATE RESPONSIBILITY:

The scope and nature of this component requires that the major responsibility of this activity be placed at the state level. An expert epidemiological team would be established at the central office. This team would be responsible for responding in technical investigations and assisting local health departments in carrying out ongoing investigations.

The establishment of a statewide computerized monitoring and surveillance network will require the state to increase its capacity in the area of health statistics modeling and analysis.

LOCAL HEALTH RESPONSIBILITY:

Local health efforts will be directed toward a grass-roots approach in implementing a phasing-in process of data reporting. The local unit shall be responsible for implementing preventive action based upon recommendations following specific investigations and/or data analysis.

A major responsibility of local health will be to promote quick exchange of needed information among the various agencies and providers involved or potentially involved in the reporting system.

COMPONENT:**FLUORIDATION****GOAL:**

Dental caries and associated health effects will be reduced through fluoridation of community and/or school water supplies.

SUB-GOALS AND OBJECTIVES:

1. By 1990 all communities with 500 population or more shall provide their residents with a public water supply containing an optimum level of fluoride.
2. By 1995 all schools in any community's school system which is not served by a community water system and which enrolls children who have fluoride-deficient drinking water at home will have a fluoridated water supply.
3. It shall be the responsibility of the local health department, together with support from the Missouri Division of Health, to promote and monitor the public health aspects of fluoridation systems.
4. Local health departments shall have the responsibility of notifying the Department of Natural Resources where there is a deficiency in the operation of fluoridation operations of local water plants or public water supply districts.

NOTE: See "Dental Health" — Personal Health Services

STATE RESPONSIBILITY:

The State Division of Health shall promote enabling legislation allowing fluoridation of community water supplies and shall promote fluoridation of fluoride-deficient drinking water on a statewide basis.

LOCAL HEALTH RESPONSIBILITY:

Local health departments shall monitor the public health aspects of fluoridation systems and assist the Division of Health in the promotion of fluoridated drinking water as a sound preventive health measure.

Local health departments shall have the responsibility of notifying the Department of Natural Resources when there is a deficiency

in the operation of fluoridation operations of local water plants or public water supply districts.

COMPONENT:**FOOD AND DRUG PROTECTION****GOAL:**

The community will be protected from food- and drug-borne illness.

SUB-GOALS AND OBJECTIVES:

1. All food establishments where food is prepared and/or served shall be inspected at least once each six months.
2. All retail meat markets and grocery stores shall be inspected at least once each six months.
3. All food and drug and drug manufacturing plants, food and drug warehouses and distribution facilities shall be inspected at least once each six months.
4. All food and drug salvage operations shall be identified and placed under routine inspection.
5. A comprehensive statewide response to food and drug and beverage salvage situations, i.e., (wrecks, fires, floods, etc.) shall be operational by 1985.
6. Food control programs in first class cities and counties shall have approved laboratory facilities necessary to support the local program and all other local health agencies shall have access to such services as required by analytical protocol.
7. A formal food advisory council to the Division of Health shall be established. The composition of this council shall include: local regulatory officials and representatives of industry, consumers, Division of Health, and academia.
8. A rapid two-way food infection/intoxication network shall be established at the Division of Health.
9. By 1985 regulations shall require that all food service managers are certified in approved food service practices.

Courses taken for certification and material studied shall be approved by the Division of Health.

10. Each local health department shall establish a call-back system which identifies problem establishments and shall prioritize the frequency of inspection.

NOTE: For Item #6, see "Laboratory"—Health Support Services.

STATE RESPONSIBILITY:

The State Division of Health shall develop needed legislation encompassing a statewide licensing system for food service operators augmented by required managerial certification. Development of a model ordinance for retail food stores should be accomplished within the decade.

There shall be established as advisory to the Division of Health, a formal food advisory council. In addition, a rapid two-way food infection/intoxication network shall be established within the Division of Health. Technical support including advance laboratory assistance shall be made available to local health departments by the Missouri Division of Health.

LOCAL HEALTH RESPONSIBILITY:

Local health shall have primary responsibility for routine inspection and surveillance of facilities involved in manufacture, sale, distribution, service, and salvage of food and drug items. Pharmacies and other approved pharmaceutical dispensaries adequately covered by existing state law and surveillance activity may be exempted from local health responsibility.

COMPONENT:

HAZARDOUS AND TOXIC MATERIALS

GOAL:

The community will be protected from adverse health effects due to hazardous or toxic materials.

SUB-GOALS AND OBJECTIVES:

1. The Division of Health shall identify a trained representative(s) to monitor public health aspects of hazardous or toxic substance spill sites.
2. Locations of the identified representative(s) shall be so selected that the response time by auto is not more than 60 minutes.
3. A working nucleus shall be established between appropriate health officials, appropriate state agencies, law enforcement agencies and local fire departments in dealing with all aspects of toxic accidents.
4. The Division of Health shall provide resources for long-term monitoring of toxic accidents and spills for adverse environmental and public health effects.
5. First class cities and counties shall have laboratory capability to respond to citizen requests concerning:
 1. Lead Poisoning
 2. Pesticide Residue
 3. Other Toxic Agents
6. District offices and central laboratory facilities of the Division of Health shall be able to provide consultation and assistance in dealing with:
 1. Asbestos Problems
 2. Formaldehyde Base Product Problems
 3. Radioactive Agent Problems
 4. Other Toxic Substance Problems
7. Each district health office shall have a portable lead analyzer for purposes of immediate response to lead poisoning episodes and when necessary for determination of lead-based paint in child care facilities.
8. The Division of Health shall be the clearing house for all reports generated within the state concerning adverse health effects resulting from exposure to toxic agents.

NOTE: For Items #5 and 6, see "Laboratory"—Health Support Services.

STATE RESPONSIBILITY:

The Missouri Division of Health shall be responsible for identifying and training local personnel for purposes of

monitoring hazardous and/or toxic substance spill sites. It shall further be the Division's responsibility for the assessment of adverse public health effects. Technical assistance shall be provided by the state in the form of training, consultation, and advanced laboratory support. The Division of Health shall serve as a clearinghouse for information concerning toxic agents and the consequences of exposure to them.

LOCAL HEALTH RESPONSIBILITY:

Local health departments acting under the guidelines of the Missouri Division of Health shall provide on-site monitoring and surveillance activity of spill sites. This activity shall include but not be limited to: sample collection, citizen awareness, access to laboratory support, environmental epidemiological investigation; and liaison with other local, state and federal agencies.

COMPONENT:

HOME ACCIDENT PREVENTION

GOAL:

Home accidents will be reduced through educational efforts.

SUB-GOALS AND OBJECTIVES:

1. Provide staff, through local health agencies (where possible), to educate the public on preventing home accidents.
2. Provide liaison with industry on designing home appliances and home design in order to prevent accidents.

NOTE: See "Health Education"—Health Support Services.
See "Accident/Injury Prevention"—Personal Health Services.

STATE RESPONSIBILITY:

The Division of Health shall be responsible for the development of public education materials and training on home accident prevention. In addition, it shall be the Division's responsibility to work with industry in the development of safer design where articles or construction are found to be hazardous or otherwise prone to accidents.

LOCAL HEALTH RESPONSIBILITY:

Local health departments shall work with materials developed independently on their own or through the Division of Health in furthering public awareness in home accident prevention.

COMPONENT:

INTERSTATE CARRIER SANITATION

GOAL:

Persons while traveling in the state on interstate conveyances will be assured that the foods, drink, and sleeping quarters that are available are safe and sanitary; they will be protected from disease associated with inadequate waste disposal facilities.

SUB-GOALS AND OBJECTIVES:

1. All serving areas supplying interstate carriers shall be under regular surveillance and inspection consisting of not less than semiannual evaluation.
2. Any known infectious diseases or other health hazard exposure arising from the use of an interstate conveyance shall be entered into the state epidemiological surveillance network.

NOTE: For Item #2, see "Communicable Disease Control"—Personal Health Services.

STATE RESPONSIBILITY:

The Missouri Division of Health shall provide for reporting, into the state epidemiological surveillance network, diseases or known health hazard exposure arising from the use of an interstate conveyance.

LOCAL HEALTH RESPONSIBILITY:

Local health departments shall be responsible for the routine inspection and surveillance of facilities supplying interstate carriers with food, drink, and other such articles.

COMPONENT:**NOISE CONTROL****GOAL:**

Community residents will have an environment free from noise which may jeopardize their physical and mental health.

SUB-GOALS AND OBJECTIVES:

1. The Division of Health shall be the coordinating agency in establishing noise control responsibilities among different governmental agencies having responsibility for regulating various elements which may contribute to noise pollution.
2. All health departments of the state shall provide for a regional component for the investigation of noise complaints.
3. By 1985, the state shall have available to all communities a program to educate employees at risk about health effects of long-term exposure to excessive noise.
4. By 1985, the Division of Health shall have established provisions whereby regular review of existing data measures epidemiological evidence of health effects of noise.
5. By 1990 all health departments within the state shall possess a mechanism to systematically identify and, when necessary monitor locations at which people are exposed to excessive noise.
6. By 1990, residents of metropolitan areas shall be protected by a strategy for noise abatement.

NOTE: For Item #3, see "Health Education"—Health Support Services.

STATE RESPONSIBILITY:

The Division of Health shall provide coordination among state governmental agencies having responsibility for regulation of the various elements contributing to noise pollution.

The Division of Health shall develop educational materials directed toward employees at risk for long-term noise exposure.

Adverse health effects from noise shall be an integral component of the statewide epidemiological network.

The Division of Health shall promote a minimum db standard for all licensed vehicles in the state and develop a model ordinance relating to noise control.

LOCAL HEALTH RESPONSIBILITY:

Local health departments shall provide for noise complaint investigation. It shall also be their duty to develop plans for implementing provisions for identification and monitoring of locations producing excessive noise.

COMPONENT:**NOSOCOMIAL DISEASE CONTROL****GOAL:**

Health-care-facility-acquired illness will be prevented.

SUB-GOALS AND OBJECTIVES:

1. Surveillance of the environment of health care facilities for nosocomial diseases shall be provided.
2. Continuing on-site inspection of hospitals shall be provided through on-premise disease prevention officer.
3. Hospitals and other health care facilities shall report nosocomial diseases to the local health agency.

NOTE: See "Communicable Disease Control", Personal Health Services.

STATE RESPONSIBILITY:

The Missouri Division of Health shall have primary responsibility in providing technical assistance to institutions and health departments across the state. The reporting of nosocomial disease shall become an integral part of the state epidemiological surveillance network.

LOCAL HEALTH RESPONSIBILITY:

Local health departments shall provide requested assistance to onpremises disease prevention officers. Institutions reporting a

nosocomial disease to the local health department shall be provided with information on methods of control of the particular agent involved. Follow-up surveillance shall be performed to ascertain if the control measures are working and any problems associated with their implementation.

COMPONENT:

OCCUPATIONAL HEALTH

GOAL:

Factors in occupational environments that cause disease, disability, or death will be reduced through effective surveillance, monitoring, education programs and enforcement of applicable laws.

SUB-GOALS AND OBJECTIVES:

1. By 1985, the state shall be served by a system which ensures that all industries and businesses employing over 50 persons participate in a standardized occupational health reporting system. Certain hazardous occupations with fewer employees may be required to enter the reporting system.
2. By 1985, the state shall be served by a mechanism for the early detection of occupational-related injuries and illnesses and their precursors in workers and their exposed family members.
3. Local health departments shall provide industry access to technical support in the development of an occupational health and safety program.
4. The Division of Health shall have primary liaison responsibility for all governmental functions involved in occupational health and safety requirements. The coordination of the multi-agency efforts shall result in a unified reporting system for the detection of occupational health problems.

NOTE: See "Health Education"—Health Support Services.
See "#3 Chronic Disease Control"—Personal Health Services.

STATE RESPONSIBILITY:

The Division of Health shall have primary responsibility for coordination of a multi-agency effort. State involvement in the component shall include, in addition to coordination efforts, a comprehensive occupational health reporting system.

LOCAL HEALTH RESPONSIBILITY:

Local health departments shall assist industry in the development of occupational health safety programs and assist in the investigation of occupational-related injuries and illness of such nature deemed significant either by industry representatives or triggered by the statewide reporting system.

COMPONENT:

RADIOLOGICAL HEALTH

GOAL:

Community residents will be protected within resources available from adverse health effects from ionizing or non-ionizing radiation, whether naturally occurring or man-made.

SUB-GOALS AND OBJECTIVES:

1. The Division of Health shall have the primary responsibility for monitoring of the state's significant man-made radiation sources. The inspection frequency shall reflect the degree of hazard associated with the facility.
2. The Division of Health shall have a leadership role in the formulation of emergency plans and health studies regarding nuclear and nuclear-generating facilities located within the state.
3. All significant man-made sources of radiation exposure shall be licensed and shall meet applicable federal and/or state radiation standards.
4. In first-class cities and counties the local health department shall have the capability of monitoring for radioactive materials in disaster type conditions.

5. Local health departments of the state shall have the capability of monitoring and surveillance of microwave oven leak detection.
6. Because of the scope of radiological health concerns and overlapping governmental authority, this task force recommends the establishment (by the Director of Health) an expert advisory committee consisting of persons having responsibility in use, control and/or regulation of radioactive sources whether natural or man-made.

STATE RESPONSIBILITY:

Due to the scope and nature of radiological health concerns, the Division of Health shall have primary responsibility in the coordination and monitoring activities of major man-made radiation sources. Development of emergency response plans and special health studies shall be a primary focus of the Division of Health.

LOCAL HEALTH RESPONSIBILITY:

All local health departments shall have capability of conducting microwave oven leak detection. First class cities and counties shall have health department capability of monitoring for radioactive materials in disaster-type conditions.

COMPONENT:

RECREATIONAL WATER FACILITIES AND SWIMMING POOLS

GOAL:

Facilities for water-contact sports will provide necessary health and safety protection of participants.

SUB-GOALS AND OBJECTIVES:

1. Standards shall be set through rule adoption for construction/manufacture and public use of all types of facilities (water slides, health spas, hot tubs, etc.)
2. Inspection surveillance of municipal swimming pools and other facilities available to the public shall be provided by local health agencies at least monthly during the season.

3. Necessary laboratory support shall be provided.
4. Training shall be provided for operators of municipal facilities through Division of Health and local health agencies.

NOTE: For Item #2, see "Laboratory"—Health Support Services.

STATE RESPONSIBILITY:

The Missouri Division of Health shall have responsibility for plan review and construction standards for all public use water recreation facilities. The Division shall also assist local health departments in dealing with technical problems and training of operators of recreational water facilities.

LOCAL HEALTH RESPONSIBILITY:

Local health departments shall be responsible for routine inspection of public water recreation facilities. Inspections shall include water samples taken for laboratory analysis at appropriate intervals deemed necessary for adequate public health protection.

Local health departments shall work closely with the Missouri Division of Health in providing operator training.

COMPONENT:

SAFE DRINKING WATER

GOAL:

Community residents will have access to drinking water meeting applicable public health standards.

SUB-GOALS AND OBJECTIVES:

1. All community public water supplies shall meet federal and state construction, bacteriological and chemical health standards.
2. All public water supplies shall be on a state-approved monitoring schedule.
3. All public water systems shall have a written policy for identifying procedures for correcting deficiencies whenever they may occur.

4. First class cities and counties shall provide approved laboratory services for drinking water testing.
5. The Division of Health shall provide approved laboratory testing facilities for those areas of the state not served by local laboratory facilities.
6. By 1985 the state shall have a licensing requirement for all water well drillers.
7. By 1985 a permit shall be required for the drilling of any water well within the state.
8. Local health departments shall certify the proper sealing of abandoned wells.
9. By 1990 all communities shall be served by a program to assure the safety and purity of commercial bulk manufacturing and distribution systems for ice used for human consumption.
10. The Division of Health shall have liaison responsibility with the appropriate state agencies in the assurance of the safety of public water supplies.
11. The Division of Health shall be the lead agency in developing a rapid two-way communication network for reporting all cases of water-borne disease.

NOTE: For Items #4 and 5, see "Laboratory"—Health Support Services.

STATE RESPONSIBILITY:

The Division of Health shall be the lead agency in the development of a rapid two-way communications network for the reporting of water-borne disease. In conjunction with this activity, the Division shall have liaison responsibility with appropriate state agencies in the assurance of public water supply safety.

LOCAL HEALTH RESPONSIBILITY:

First class cities and counties shall provide for laboratory facilities for the testing of well water. Those areas not served by a local laboratory shall receive assistance from the Division of Health laboratories. Local health department shall be responsible for certification of proper sealing of abandoned wells and develop programs directed toward the safety and purity of commercial bulk manufacturing and distribution systems for ice used for human consumption.

COMPONENT:

CONFINEMENT AND PROTECTIVE CARE FACILITIES

GOAL:

Persons in confinement and protective care settings will have safe and healthful living conditions.

SUB-GOALS AND OBJECTIVES:

1. Each such facility shall have established policies and procedures including provisions for health screening of each resident when he or she enters the facility which will provide for the identification of health problems and care if treatment is needed. These procedures will be subject to review by the Division of Health.
2. Each facility shall be served by a local program of comprehensive environmental surveillance and maintenance. For jails and prisons this surveillance shall be at least:
 - (a) Annual for overall environmental sanitary evaluation and;
 - (b) At least twice annually for the food service facility evaluation.
3. Each facility shall be served by a communicable disease control program which is reviewed by the local health authority at least annually.
4. Persons confined in such facilities shall have access to health education services.

NOTE: For Item #3, see "Communicable Disease Control"—Personal Health Services.

STATE RESPONSIBILITY:

The Division of Health shall be responsible for the development of proposed legislation establishing minimum standards for prisons and jails.

LOCAL HEALTH RESPONSIBILITY:

Local health departments shall be responsible for:

1. Review of established provisions for health screening of residents entering the facilities;

2. Routine food service and environmental sanitation evaluation;
3. Review of communicable disease control programs; and
4. Securing health education services as needed by the facilities.

COMPONENT:

SOLID WASTE MANAGEMENT

GOAL:

Management of solid waste material will be so conducted that community residents will not experience disease, injury, adverse health effects, or vector control problems associated with said management practices.

SUB-GOALS AND OBJECTIVES:

1. Solid waste collection, treatment, and disposal services shall be under local health department surveillance.
2. All solid waste collection systems and disposal facilities shall meet applicable federal, state, and local technical requirements.
3. All hazardous waste shall be managed through procedures and facilities meeting federal, state, and local requirements relating to hazardous materials.
4. The Division of Health shall have liaison responsibility with the Department of Natural Resources in the assurance of the state's residents in matters involving public health concerning solid waste management; and shall render technical assistance to facilitate compliance with technical requirements pertaining to storage, collection, treatment and disposal of solid waste.

STATE RESPONSIBILITY:

The Missouri Division of Health shall have liaison responsibility with the Missouri Department of Natural Resources in public health matters involving solid waste collection, treatment and disposal facilities.

LOCAL HEALTH RESPONSIBILITY:

Local health departments shall provide a surveillance of the total solid waste stream for their communities. Any problems encountered by said surveillance shall be dealt with through appropriate enforcement of local, state or federal regulations, and when necessary, through joint efforts of appropriate state agencies.

COMPONENT:

VECTOR AND ANIMAL CONTROL

GOAL:

Through education and enforcement of ordinances, laws and regulations, community residents will be at minimal risk from vector and animal-related human health hazards and associated nuisance conditions.

SUB-GOALS AND OBJECTIVES:

1. The local health department shall either maintain an on-going vector control program or will have access to control measures to abate emergency vector associated problems.
2. The local health department shall provide the community with a system to identify specific vector- and animal-related problems that pose a risk to the community and factors contributing to disease outbreaks.
3. Surveillance for rodent infestations and/or harborage shall be available to community residents with special emphasis in those communities with high population density, and/or industry with high rodent attractant possibilities.
4. All citizens of the state shall be protected by an effective rabies control law and program.
5. Residents living in communities where diseases attributable to arthropod vectors show an increased or endemic occurrence shall have access to a continuing surveillance and control program.
6. The health department shall provide the community with a public information program describing the measures

that can be taken for personal protection, prevention, and available governmental assistance in the identification, and prevention of vector- and animal-related diseases and conditions.

7. Each local health department shall be able to provide necessary information to community leaders as to methods and procedures in dealing with general community nuisances and minor health problems.
8. In the absence of local laboratory capability, the Missouri Division of Health shall provide necessary laboratory support for the identification of causative agents in cases of vector-related illnesses.

NOTE: For Items #6 and 7, see "Health Education"—Health Support Services.

For Item #8, see "Laboratory"—Health Support Services.

STATE RESPONSIBILITY:

The Missouri Division of Health shall pursue appropriate state legislation providing for a comprehensive rabies control law for this state. Where it is beyond local laboratory capability, the Division of Health shall provide necessary laboratory support for identification of causative agents involved in vector-related illnesses.

LOCAL HEALTH RESPONSIBILITY:

Local health departments shall be responsible for an ongoing vector control program or have access to control measures to abate emergency problems.

These programs shall include necessary planning, surveillance, appropriate control, information, and environmental risk-reduction activities.

COMPONENT:

WASTEWATER MANAGEMENT

GOAL:

Proper wastewater management will be designed to prevent the occurrence of adverse health effects among community residents.

SUB-GOALS AND OBJECTIVES:

1. All community wastewater systems shall meet applicable federal, state, and local construction and operational requirements.
2. The Division of Health shall have liaison responsibility with the Department of Natural Resources in the assurance of the safety to public health in the area regarding treatment, transmission, and discharge of wastewater.
3. Any system known to be operating improperly shall be reported directly to the Division of Health. Representatives of the local health department in whose jurisdiction the system is located, shall monitor the malfunction with regard to real or potential health effects on the community's population.
4. No wastewater discharge of industrial or community systems into the subsurface or ground waters of the state shall be allowed without a discharge permit with said permit requiring adequate public health protection from the discharged effluent.

In cases where the adequateness of health protection is questioned, the Division of Health shall be consulted by the permitting agency as to the potential impact of the discharge on the community health.
5. Where sanitary sewers are not available, individual home systems may be served by septic tank drain field disposal systems if the following rules are carried out:

- (a) No drain field shall be permitted without adequate demonstration that drainage (soil absorption) is adequate for the protection of drinking water and surface waters.

- (b) The local health department shall be the lead agency in the evaluation of individual systems where the permitting agency is different, and whenever special problems or situations are encountered.
- (c) Alternative methods of wastewater disposal (mound systems, lagoons, etc.), shall be evaluated by the local health agencies.

STATE RESPONSIBILITY:

Through coordination efforts with the Department of Natural Resources, the Division of Health shall promote community wastewater systems that assure the safety of public health. The Division of Health shall have lead agency responsibility in determining the potential public health impact from improperly treated and discharge effluent.

The Division of Health shall promote the development of model legislation for statewide requirements for disposal of domestic wastewater.

LOCAL HEALTH RESPONSIBILITY:

Local health departments shall be responsible for the monitoring for potential health effects of any known improperly operating community wastewater disposal system. Lead agency responsibility shall rest with the local health department in the evaluation of individual (private) wastewater disposal systems.

COMMUNITY HEALTH SERVICES

GENERAL PROVISIONS:

1. The term "community" implies an entity for which both the nature and scope of a public health problem, as well as the capacity to respond to that problem, can be defined. Depending on the problem area and response capacity, the definition of community may vary. However, in most instances, the community can be defined as a geopolitical unit such as a town, city, county or grouping of these. In certain areas such as a large metropolitan region, it may be necessary to evaluate the major communities comprising the area for variations in the incidence of each public health problem so populations in greatest need of services can be identified and scarce resources targeted effectively.
2. The local health department has the responsibility of ensuring that a health problem is monitored and that services to correct that problem are available.
3. The Division of Health has the primary responsibility for ensuring that standards are met. Attainment of desired levels of standards in any community requires involvement of many agencies, organizations and groups. Prevention is a shared responsibility of public and private sectors.
4. School health services, health education and environmental conditions are the responsibility of the schools and the boards of education. The local health department has traditionally developed health programs with the schools in order to provide essential services to a vulnerable and accessible group of children.
5. New disaster roles for the community have evolved because of extremes in temperature or because of communicable and noncommunicable factors such as teen-age drinking and auto morbidity and mortality.
6. Health departments are expected to take on broader areas of responsibility on behalf of society for those persons in protective custody or confinement. Examples of this are jails or places of voluntary or involuntary confinement, even of 24-hours duration.

COMPONENT:**COMMUNITY HEALTH ORGANIZATION****GOAL:**

The local health department will establish a mechanism for communication with and accountability to the community.

SUB-GOALS AND OBJECTIVES:

1. The local health department shall be sensitive to the community's unique needs, values, experiences, language, cultural differences and rights.
2. The local health department shall support the development of a community group which:
 - (a) participates in expressing community needs
 - (b) brings a sense of the community to the health department
 - (c) influences decision-making with regard to programs
 - (d) actively evaluates ongoing programs
 - (e) reports back to the community on behalf of the health department
3. The health department shall establish lines of communication with voluntary health agencies and providers of health services.
4. The local health department shall report annually to the community its goals, activities and accomplishments.
5. The local health department shall maintain an inventory of community social and health resources and programs.
6. The local health department shall establish for the community specific objectives for preventive care for special at-risk population groups.

COMPONENT:**DISASTER PLANNING****GOAL:**

The local health department as a participant in community-wide disaster planning will assume responsibility for the health aspect of the plan.

SUB-GOALS AND OBJECTIVES:

1. The local health department in cooperation with other community groups, agencies and organizations shall participate in the development and testing of a disaster plan.
2. The local health department shall plan procedures to insure potable water, uncontaminated food, safe waste disposal, personal medical care, preventive services, and special services for vulnerable groups.
3. The local health department shall give leadership to the prevention of morbidity and mortality brought on by extremes of climatic conditions, by epidemics of communicable disease, or by behavioral or environmental factors.

COMPONENT:**HEALTH CARE IN CONFINEMENT
AND PROTECTIVE CARE FACILITIES****GOAL:**

The local health department will assume a leadership role in assuring the optimal health of confined individuals and health services to these individuals.

SUB-GOALS AND OBJECTIVES:

1. The local health department shall recognize the setting in which individuals are confined and shall assure the community that minimum standards are met.
2. In settings where there are no mandatory regulations, the local health department shall assess the setting with regard to sanitation, safety, physical and mental health services, and environmental factors which contribute to or threaten the well-being of the confined population.
3. The local health department in collaboration with the institution shall develop programs focused on health screening for physical and mental health and on health education and lifestyle, as a contribution toward rehabilitation of the individual.

4. The local health department and/or the institution shall establish policies and procedures including an intake health screening which will identify health problems.

NOTE: See "Communicable Disease Control"—Personal Health Services and "Confinement and Protective Care Facilities"—Environmental Health.

COMPONENT:

HEALTH PLANNING

GOAL:

The local health department will be responsible for assessing and defining the health needs of the community and for assuring community participation in the process.

SUB-GOALS AND OBJECTIVES:

1. In cooperation with the Division of Health, the local health department shall gather community health data for the purpose of contributing to the State Health Plan and for the development of a local health plan.
2. The local health department shall participate with citizen groups and other community organizations for an ongoing collection of data and evaluation of existing programs for the purpose of developing a local health department plan.
3. The local health department shall have a systematic review process of the health plan.
4. The local health department shall gather pertinent health data for informing the public of health statistics and information of general interest.
5. The local health department shall have a written comprehensive health plan containing priorities, objectives, expected outcomes based on community needs, resources, and local demands.
6. In cooperation with the appropriate official state health planning agency, the local department may:

- (a) provide linkages between the state planning structure and "grass roots" in the local community structure as requested by the state health planning agency;
- (b) participate as a facilitator of community meetings where the issues touch consumer or community health or environmental health issues; and
- (c) take responsibility for planning functions required by laws and regulations which direct local health departments to be accountable in areas of environmental and personal health.

COMPONENT:

PRESCHOOL AND SCHOOL HEALTH SERVICES

GOAL:

To develop mutually agreeable arrangements between the local health department and the local board[s] of education for the provision of environmental safety, health services, and consultation to public and nonpublic schools.

SUB-GOALS AND OBJECTIVES:

1. Upon request, the local health department shall assist in the development of effective screening and basic health assessment programs with follow-up care for diagnosis, treatment and health education.
2. In cooperation with the schools, the local health department shall make immunization services and health education available to preschool and school-age children and their families.
3. The local health department shall maintain surveillance on all children identified in the annual census of handicapped children to insure adequate and complete evaluation, referral and follow-up of each child's handicapping condition to assure that each child achieves the maximal potential in education and daily living.
4. The local health department should serve as a consultant to the schools in matters such as health education, environmental safety, school health services, com-

municable disease control, training programs for screening, and health-related communications to parents and/or the public.

5. The local health department should provide community-wide screening and primary health care services which will assure that preschool children reach kindergarten in optimal condition of health, with primary and booster immunizations completed.
6. The local health department shall provide a community health education program directed at children and adolescents in order to prevent addictive and other health-threatening behaviors, to teach responsible health maintenance, and to effectively utilize health services at a primary health care level.
7. The local health department should encourage the school to make appropriate student health information an integral part of the student's permanent school record.
8. In order to facilitate relationships and shared services at the local level, the Division of Health and the Department of Elementary and Secondary Education need to:
 - (a) develop a memorandum of understanding which delineates areas of overlap between the agencies, mutual goals, and assumed areas of responsibilities;
 - (b) identify counterparts among each agency's staff in order to make appropriate work assignments and to develop a continuing working relationship;
 - (c) update the K-12 health curriculum with the goal of universal implementation;
 - (d) write new health education materials aimed at learning about healthy lifestyles, preventing problems of addiction, and gaining an appropriate understanding of health resources and their use; and
 - (e) provide necessary technical and consultative services to local health departments whereby the goals of this component may be achieved.
9. The local health department shall request the local school district to designate a responsible official in the school and a parent organization representative to work with the health department in planning, implementing and evaluating the local school health program.

HEALTH SERVICES FINANCING

GOAL:

The State of Missouri will provide to the local jurisdictional health units funds in such a manner that the local units singly or in concert will be encouraged to provide at least minimal health services to every Missouri citizen.

SUB-GOALS AND OBJECTIVES:

1. All county units or jurisdictions shall be eligible for a basic amount of support from the Division of Health.
2. This support shall be used to supply basic health services as defined in this document. If an individual unit cannot supply all recommended services within their own borders, they are encouraged to combine with other units to provide all basic services, in the most economical way. It is not recommended to support units which do not meet Division of Health standards.
3. The Division of Health shall determine the share of support to each unit by applying a formula containing these components:
 - (a) a base amount: recommended - 30 percent
 - (b) an amount based on population: 10 percent
 - (c) an amount comparable to a mill tax, adjusted for effort: 50 percent
 - (d) an amount based on the Missouri Center for Health Statistics Health Index (under five years of age, over 65, and Medicaid recipients) or similar needs-based index-10 percent
4. In any changes of the funding mechanism between state and local, no decrease will be made in excess of 5 percent and no increase in excess of 10 percent from the previous grant.
5. Before applying the formula, the Division of Health shall consider the advisability of separating total monies available for distribution into rural and urban segments.
6. The Division of Health, understanding that any formula may produce unfair hardship or unfair largesse to a given unit, shall retain the right to use administrative discretion when distributing funds. Any change from the formula

allocation due to administrative discretion should be accompanied by written justification.

7. The Division of Health will review the formula used every two years, and will solicit local input in this review process.
8. The Division of Health shall provide assistance to the local health departments in locating and applying for additional funding sources (other than local tax monies) to supplement local and state tax resources.
9. The Division of Health shall investigate and encourage legislation to provide a sound fiscal and legal structure for local health departments of counties of the second and third class. This legislation shall include addressing the issue of fee charging.
10. The Division of Health shall investigate and encourage a method of funding preventive health services which will give higher priority to preventive health in the state budget process.

PERSONAL HEALTH SERVICES

GENERAL PROVISIONS:

While the approach taken to model standards is one of setting goals and objectives for an array of services, which are expressed in the following pages, it is also important to recognize that certain basic competencies are necessary as part of the local health department in order to achieve the goals, sub-goals and objectives. Priorities and hence, programs and activities change with time and from region to region; but the existence of a core of competencies and capabilities permits the local health department to respond to the usual and most typical of public health problems. Such basic competencies in the area of personal services are:

1. **Public Health Nursing:** This includes an understanding of the skills and principles of epidemiology, including the ability to recognize an outbreak and the possession of basic investigative skills. Other skills include public health clinical skills, well child assessment, and knowledge of the community health organization in order to assist patients in obtaining services. Other skills, as needed, may include family planning and prenatal nurse practitioner skills, home health care skills, basic counseling skills, and skills in mental health assessment and in selective chronic disease screening, referral and follow-up.
2. **Health Education:** This includes knowledge and skills in community health information techniques, health promotion and disease prevention, principles of school health, and patient education.
3. **Nutrition:** This includes basic knowledge and skills in principles of nutrition and nutrition education.
4. **Physician Services Availability.**
5. **Basic Dental Services Availability.**

Because the services herein discussed are local by definition, the standards are exclusively focused on the local health agency. No responsibility or service is discussed in the following standards which cannot be or should not be incorporated into the scope of the local official health agency. The state role is to provide the

necessary resources, authority when necessary, back up expertise, and technical assistance.

COMPONENT:

ACCIDENT AND INJURY PREVENTION

GOAL:

There will be a minimum of preventable accidental deaths and injuries.

SUB-GOALS AND OBJECTIVES:

1. The local health department shall encourage and provide for prompt reporting and analysis of deaths and serious injuries resulting from accidents. (This includes trauma, burns and poisonings.)
2. The local health department shall promote safety through education and all other strategies.

NOTE: See "Home Accident Prevention"—Environmental Health Services and "Health Education"—Health Support Services.

COMPONENT:

CHRONIC DISEASE CONTROL

GOALS:

The community will experience a minimum of preventable illness, disability and premature death; medical service utilization, and attendant costs attributed to chronic disease and conditions will be reduced.

SUB-GOALS AND OBJECTIVES:

1. The local health department shall provide or assure provision of screening and early diagnostic services designed to interrupt the chronic disease process at the earliest stage practical for diseases of public health significance.

2. To the extent possible, the local health department shall have a system which facilitates and assures access to medical and other services for control of chronic conditions of public health significance.
3. The local health department shall assure the coordination and integration of patient education strategies designed to assess and reduce risk of disease and disability.

NOTE: See "Occupational Health"—Environmental Health Services

COMPONENT:

COMMUNICABLE DISEASE CONTROL

GOAL:

There will be in the community a minimum of or no infectious diseases that are preventable or controllable by immunization, environmental control, education, or direct intervention.

SUB-GOALS AND OBJECTIVES:

1. The local health department shall encourage and provide means for prompt reporting and monitoring of communicable diseases within its jurisdiction.
2. The capability shall exist to investigate and adequately control all outbreaks of communicable or other disease by coordinated medical and environmental epidemiologic intervention.
3. The local health department shall provide or assure provision of immunizations to protect the community from vaccine-preventable disease. It shall immunize or encourage other public and private providers to immunize members of susceptible human and animal target populations.
4. The local health department shall provide for or facilitate access to treatment for persons with communicable diseases of public health significance.
5. The local health department shall encourage education about diseases and health, and the development of detection and treatment services within the community.

6. The local health department shall work actively with hospitals and other health care facilities to set up reporting procedures and provide guidance in handling reportable communicable diseases.

NOTE: See “Nosocomial Disease Control”—Environmental Health Services.

COMPONENT:

DENTAL HEALTH

GOAL:

All persons will have optimum oral health.

SUB-GOALS AND OBJECTIVES:

1. To the extent possible, every local health department shall provide or assure the provision of preventive dental health education for school children and school teachers.
2. Every local health department shall work to increase the awareness among community groups and high-risk target populations of the causes and signs of dental caries and periodontal disease and of the efficacy of fluoridation in the prevention of caries.
3. Every local health department, to the extent possible and when needed, shall provide or assure access to supplemental and topical fluoride for infants and children.
4. To the extent possible, every local health department shall provide access to oral health screenings and refer persons having problems, for appropriate treatment and follow-up.

NOTE: See “Fluoridation”—Environmental Health Services.

COMPONENT:

**ELDERLY, DEPENDENT ADULTS
AND OTHER AT-RISK POPULATIONS**

GOAL:

In order to obtain the optimum health possible, the community will have a means of assisting the elderly, dependent adults and other at-risk populations in achieving and maintaining a health status appropriate to their age and to enable them to live in a setting suited to their needs and wishes.

SUB-GOALS AND OBJECTIVES:

1. To the extent possible, the local health department shall work with the Divisions of Health and Aging to assure a plan for meeting the needs of the elderly and impaired persons; and shall participate in community efforts to assure the availability of timely and appropriate medical, mental and dental services to those populations.
2. The local health department shall offer its services in a manner assuring accessibility to these populations.
3. The local health department shall offer at least one service in disease prevention and health promotion directed toward those over sixty years of age.
4. The local health department providing in-home health services shall have among their clientele an equitable number of elderly, dependent adults and other persons who are at risk.
5. The local health department shall attempt to assure adequate immunization levels for those immunizable diseases of significant risk to these populations.

NOTE: For Item #1, see “Primary Health Care”—Personal Health Services

COMPONENT:**EMERGENCY MEDICAL SERVICES****GOALS:**

In order to minimize medical complications and mortality due to emergency and life-threatening conditions, the population will have a prehospital mobile emergency care system which assures timely basic life support; the quality of such prehospital care will be monitored and assured. Jurisdiction over 10,000 will have timely advanced life support with an additional medical quality-assurance system.

Unnecessary mortality due to cardiac arrest or respiratory emergency will be minimized through adequate citizen CPR capability.

SUB-GOALS AND OBJECTIVES:

1. The local health department shall work with the local community and the Division of Health to assure that adequate ambulance service exists commensurate with the goals stated above and with state standards, including:
 - (a) An easily understood and widely publicized access number;
 - (b) Vehicles which meet the appropriate standards;
 - (c) Presence of suitable equipment to serve the needs of the EMS level in the particular jurisdiction;
 - (d) Suitable communications capability;
 - (e) Availability of a mechanism for handling emergencies in geographically and topographically difficult areas;
 - (f) Regular inspections of vehicles, equipment, medications and supplies;
 - (g) Licensing, recertification, and in-service training procedures for EMS personnel; and
 - (h) An adequate data and performance evaluation system with a corrective feedback capability.
2. Citizen CPR training and recertification shall be available.

COMPONENT:**HOME HEALTH SERVICES****GOAL:**

Residents of the community with illnesses or handicaps which restrict self-care but do not require acute care or continuous supervision will be able to continue living at home rather than in a health care institution for as long as desirable and feasible.

SUB-GOALS AND OBJECTIVES:

1. The local health department shall assure, to the extent possible, that the community will have access to the following home health services:
 - (a) nursing;
 - (b) home health aide;
 - (c) homemaker;
 - (d) physical, occupational, speech and hearing therapy;
 - (e) social work; and
 - (f) dietary and nutrition services.
2. The local health department shall provide the community a program to increase community and professional awareness of the range and sources of home health services and their appropriate utilization.
3. The local health department shall be an advocate of effective discharge planning which should be provided for all hospital patients. (This planning should focus on returning the patient home as early as possible with necessary nursing, therapeutic and support services.)
4. All levels of home health services will utilize personnel in an efficient, cost-effective manner.

COMPONENT:**MENTAL HEALTH****GOAL:**

Every person in Missouri will have access to community mental health services.

SUB-GOAL AND OBJECTIVE:

Every local health department shall coordinate its activities with existing community mental health efforts.

COMPONENT:**NUTRITIONAL SERVICES****GOAL:**

There will be optimal nutritional status of all community residents.

SUB-GOALS AND OBJECTIVES:

1. Each local health department shall provide appropriate preventive and remedial nutritional services (at least counseling and education) in the context of its patient care settings (i.e., during client contact opportunities), including the identification of clients at nutritional risk with provision of or referral to appropriate intervention.
2. The local health department shall provide nutritional education and leadership directed at the nutritional needs of the community at large.

COMPONENT:**PARENTAL AND CHILD HEALTH****GOAL:**

The maternal and child health-related morbidity and mortality will be minimized to the extent reasonably attainable but the rates will not exceed those for the nation by more than 10 percent when appropriately adjusted.

SUB-GOALS AND OBJECTIVES:

1. Each expectant mother will maintain good health, learn parenting skills, and bear a normal infant.
2. All families in the child-bearing and child-rearing years will participate in a comprehensive health program that

emphasizes preventive care and includes the availability of family planning services.

3. There will be a minimum of preventable injuries and deaths occurring among children.
4. All children, including those with chronic handicaps, will function at their optimal level.
5. There will be a minimum of preventable genetic diseases.
6. Every local health department shall identify the high-risk family planning population and provide or facilitate access to clinical services, education and follow-up as appropriate.
7. The local health department shall have a system to inform all potential parents of the availability of community family planning resources.
8. The local health department shall have the capability to reach and make available services to all women who would enter the high-risk pregnancy group, were they to become pregnant.
9. The local health department shall identify the high-risk maternal client and provide appropriate intervention and/or referral and follow-up.
10. The local health department shall have a plan for identification and follow-up of high-risk infants and children with appropriate interventions and/or referral and follow-up.
11. The local health department shall be an advocate for screening services for genetic and metabolic disorders of the newborn.
12. The local health department shall have a system to ensure that there is prompt diagnosis and initiation of treatment for all infants with positive neonatal screening tests.
13. The local health department shall promote a system which ensures that screening and counseling services are available for selected risk factors of genetic disease (appropriate risk factors for genetic diseases likely to occur in the community or stipulated by state law).
14. The local health department shall provide or ensure the provision of well-child assessment services that include at

least the following: health history; developmental evaluation and physical assessment—including dental and immunization status—with appropriate interventions and/or referral and follow-up.

15. The local health department shall attempt to assure that children at high risk for abnormal physical, mental and/or emotional growth and development are provided appropriate interventions and/or referral and follow-up.
16. The local health department shall jointly plan and implement with the local school district the provision of school health services. In terms of personal health services, school health services should include at least the following: health history, developmental evaluation, physical and emotional assessment, and assessment of immunization status—with appropriate interventions and/or referral and follow-up.
17. The local health department shall, to the extent possible, address the special needs of the adolescent and provide services and/or referral and follow-up as needs are identified.

NOTE: See “Health Education”—Health Support Services.

COMPONENT:

PRIMARY HEALTH CARE

GOAL:

Residents of the community will have primary health care services available in order to promote their achievement and maintenance of optimal health status.

SUB-GOALS AND OBJECTIVES:

1. Every local health department shall participate in community efforts to assure the availability of timely and adequate medical, mental and dental services to the general public.
2. The local health department shall, to the extent possible, assure the availability and promote the utilization of personal preventive health services (childhood immuniza-

tions, family planning, etc.) as part of an integrated system of primary care services.

3. The local health department shall promote the patient's capacity for maintaining or improving his health.

HEALTH SUPPORT SERVICES

COMPONENT:

HEALTH EDUCATION

GOAL:

A local health department will provide a health education service to the community, the family, the patient and the professional provider community.

SUB-GOALS AND OBJECTIVES:

1. An identifiable health education unit shall be created. This unit shall provide technical services to persons in the various program areas of the local health department.
2. A health educator housed in a regional office shall develop the health education program and adapt materials in response to needs perceived by the local health department for use by the local health department.
3. An identifiable person at the local health department shall be responsible for in-service “program” instruction for health education programs designed at the state level.
4. Health education programs of the local health department shall be designed to complement other health education programs occurring in the community.

COMPONENT:

LABORATORY

GOAL:

A local health department will provide a qualified laboratory effort performing testing services for water, wastewater, and food standard maintenance. Other environmental and clinical laboratory capabilities may be developed based on need of local department programs.

SUB-GOALS AND OBJECTIVES:

1. If a local health department serves a low population density area, it will probably be feasible to combine with adjoining departments' jurisdiction to provide laboratory services.
2. The state shall provide laboratory support including training, education, technical analytical support (testing and consulting), quality assurance and liaison.

COMPONENT:

MANAGEMENT

GOAL:

Administration services of the local health department will support the community it serves with managing, organizing, planning, budgeting and coordination of services to meet health needs of the jurisdiction.

SUB-GOALS AND OBJECTIVES:

Management processes for coordination of official activities shall be written. This shall include organization, budgeting, and planning of services to the community, and written policies on relationships with other jurisdictions, such as city, county, multi-district, district, state and national.

1. There shall be an identifiable resident staff person in the local office recognized by all parties, both externally and internally, as the contact person.

2. The contact persons shall know the appropriate federal and state contact persons for each program.
3. The local contact person shall know the different programs, pertinent regulations, and intent of each program.
4. The local contact person shall be familiar with program procedures and will immediately react according to established protocol to high priority activities.
5. A similar identifiable contact person having the same scope of responsibilities as above should deal with state relationships when block grants become operational.
6. Local health departments do not have responsibility in dealing with basic or sophisticated applied research. The state shall have such expertise available upon demand.
7. The local department does have responsibility for a basic level of applied research. For example, a local department shall be capable of analyzing State Center for Health Statistics data to provide management information regarding the county standing relative to norms; to determine whether new priorities are needed; and to reorganize local efforts to address a problem.
8. Grantsmanship is an optional capability dependent upon local initiative and interest.
9. A consolidated budget shall be developed annually. The expenditures and revenues in the major categories of the budget shall be reconcilable to a state promulgated model budget.
10. An independent audit of the financial system shall be conducted at least every two years.
11. A periodic (monthly) report reconciling expenditures to the budget shall be provided to the governing authority of the local health department.
12. The local health department shall assist when requested and when appropriate in the collection of vital records and statistical information.

